PREPARE YOUR DOCTOR DISCUSSION GUIDE

Which symptoms do you suffer from which you believe may be linked to an allergy? (tick all that apply)

- ☐ Nasal congestion
- ☐ Itchy nose
- ☐ Sneezing
- ☐ Sinus pressure
- ☐ Runny nose
- ☐ Postnasal drip
- ☐ Itchy/watery eyes
- ☐ Headache
- ☐ Itchy throat
- ☐ Loss of smell
- ☐ Shortness of breath
- ☐ Coughing
- ☐ Tight chest
- ☐ Wheezing
- ☐ Sinus congestion
- ☐ Itchy skin
- ☐ Hives/rash/wheals
- ☐ Other
- ……..
- ……..

During which seasons do you suffer from these symptoms? (tick all that apply)

- ☐ Spring
- ☐ Summer
- ☐ Autumn
- ☐ Winter

On a scale of 0 to 3, how disruptive are your nasal allergies on the following aspects of your life?

(0=not at all; 1=mildly disruptive; 2=moderately disruptive; 3=severely disruptive)

	0	1	2	3
Work/school	☐	☐	☐	☐
Participation in social activities	☐	☐	☐	☐
Participation in outdoor activities	☐	☐	☐	☐
Sleep	☐	☐	☐	☐

Other (please specify) ……

How do your symptoms make you feel? (tick all that apply)

- ☐ More irritable
- ☐ More fatigued
- ☐ Less motivated
- ☐ Less energetic
- ☐ Hard to concentrate
- ☐ More frustrated
- ☐ Less alert
- ☐ More self-conscious
- ☐ Feelings not affected
- ☐ Other (please specify)

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Questions adapted from:
Canonica GW, et al. Patient Perceptions of Allergic Rhinitis and Quality of Life Findings From a Survey Conducted in Europe and the United States. WAO Journal 2008, 138-144.
Bousquet J, et al. Allergic Rhinitis and its Impact on Asthma (ARIA) 2008. Allergy 2008; 63 (S86): 8-160.
www.allergyuk.org (last accessed on April 26, 2016).

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Select your topics and questions for discussion from the list below

- [ ] How often should I see you?
- [ ] Will I need to see any other doctors or specialists?
- [ ] Can you recommend any educational resources about respiratory allergies?
- [ ] What are my treatment options?
- [ ] What possible side effects of treatments should I be aware of?
- [ ] What are the goals of my allergy treatment?
- [ ] Why should I treat my allergies?
- [ ] What factors did you consider in choosing an allergy treatment for me?
- [ ] Should I be concerned about taking too much allergy medication?
- [ ] Should I be concerned about taking allergy medication for too long?
- [ ] Is there any new research about treating respiratory allergies?
- [ ] Do you have any tips or advice to help me avoid my triggering allergen?
- [ ] Overall, I'm not satisfied with my current allergy medication. What are my other options?

Statements to fill that may help to describe what you're experiencing

- [ ] I've experienced allergy symptoms _____ times in the last [month/week]
- [ ] I have allergy symptoms as often as _____ per _____ during _____ [time of year]
- [ ] My allergies are affecting my ability to
  - [ ] Be productive at work
  - [ ] Concentrate at school
  - [ ] Do activities outdoors
  - [ ] Sleep well

Write down any other specific questions or concerns for your doctor

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